

County: Dane  
 INGLESIDE NURSING HOME  
 407 N EIGHTS ST

Facility ID: 4510

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MOUNT HOREB 53572 Phone:(608) 437-5511  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 119  
 Total Licensed Bed Capacity (12/31/04): 119  
 Number of Residents on 12/31/04: 105

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? Yes  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 107

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.1	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		39.0	
Supp. Home Care-Personal Care	No	Developmental Disabilities	1.0	Under 65	5.7	More Than 4 Years		22.9	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	39.0	65 - 74	7.6			-----	
Day Services	No	Mental Illness (Other)	2.9	75 - 84	26.7			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.4	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	1.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	1.0		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	16.2	65 & Over	94.3	-----			
Other Meals	No	Cerebrovascular	10.5		-----	RNs		10.8	
Transportation	No	Diabetes	3.8	Gender	%	LPNs		6.7	
Referral Service	No	Respiratory	1.0		-----	Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	23.8	Male	26.7	Aides, & Orderlies			
Provide Day Programming for			-----	Female	73.3				
Mentally Ill	Yes		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	Yes								

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	3	5.7	149	0	0.0	0	0	0.0	0	0	0.0	0	1	25.0	149	4	3.8	
Skilled Care	12	100.0	354	49	92.5	126	0	0.0	0	35	97.2	182	0	0.0	0	3	75.0	302	99	94.3	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	1	2.8	179	0	0.0	0	0	0.0	0	1	1.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	1	1.9	189	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	12	100.0		53	100.0		0	0.0		36	100.0		0	0.0		4	100.0		105	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	3.3	Bathing	4.8	73.3	21.9	105
Other Nursing Homes	2.6	Dressing	4.8	82.9	12.4	105
Acute Care Hospitals	72.8	Transferring	11.4	69.5	19.0	105
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	6.7	76.2	17.1	105
Rehabilitation Hospitals	0.0	Eating	45.7	47.6	6.7	105
Other Locations	16.6	*****				
Total Number of Admissions	151	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		9.5	Receiving Respiratory Care	9.5
Private Home/No Home Health	11.9	Occ/Freq. Incontinent of Bladder	67.6		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	35.6	Occ/Freq. Incontinent of Bowel	24.8		Receiving Suctioning	0.0
Other Nursing Homes	1.3				Receiving Ostomy Care	4.8
Acute Care Hospitals	3.1	Mobility			Receiving Tube Feeding	1.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	30.5
Rehabilitation Hospitals	0.0					
Other Locations	16.3	Skin Care			Other Resident Characteristics	
Deaths	31.9	With Pressure Sores	1.9		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	10.5		Medications	
(Including Deaths)	160				Receiving Psychoactive Drugs	61.0

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.9	88.5	1.02	90.2	1.00	90.5	0.99	88.8	1.01
Current Residents from In-County	84.8	80.0	1.06	82.9	1.02	82.4	1.03	77.4	1.09
Admissions from In-County, Still Residing	22.5	17.8	1.26	19.7	1.14	20.0	1.13	19.4	1.16
Admissions/Average Daily Census	141.1	184.7	0.76	169.5	0.83	156.2	0.90	146.5	0.96
Discharges/Average Daily Census	149.5	188.6	0.79	170.5	0.88	158.4	0.94	148.0	1.01
Discharges To Private Residence/Average Daily Census	71.0	86.2	0.82	77.4	0.92	72.4	0.98	66.9	1.06
Residents Receiving Skilled Care	98.1	95.3	1.03	95.4	1.03	94.7	1.04	89.9	1.09
Residents Aged 65 and Older	94.3	92.4	1.02	91.4	1.03	91.8	1.03	87.9	1.07
Title 19 (Medicaid) Funded Residents	50.5	62.9	0.80	62.5	0.81	62.7	0.81	66.1	0.76
Private Pay Funded Residents	34.3	20.3	1.69	21.7	1.58	23.3	1.47	20.6	1.67
Developmentally Disabled Residents	1.0	0.9	1.07	0.9	1.01	1.1	0.85	6.0	0.16
Mentally Ill Residents	41.9	31.7	1.32	36.8	1.14	37.3	1.12	33.6	1.25
General Medical Service Residents	23.8	21.2	1.12	19.6	1.21	20.4	1.17	21.1	1.13
Impaired ADL (Mean)	50.7	48.6	1.04	48.8	1.04	48.8	1.04	49.4	1.03
Psychological Problems	61.0	56.4	1.08	57.5	1.06	59.4	1.03	57.7	1.06
Nursing Care Required (Mean)	7.4	6.7	1.10	6.7	1.10	6.9	1.07	7.4	0.99